

# **The State Health Plan**

## **2006**

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### **Insurance & Education Orientation**

**S.C. Budget & Control Board • Employee  
Insurance Program**

# **Who Is Eligible for Benefits?**

- **Employee**
  - **Classified as permanent and full-time**
  - **Works at least 30 hours per week**
- **Retiring employees**
  - **Must meet SCRS or PORS eligibility criteria for retirement**
  - **Last five years of service must be full-time, permanent and consecutive, with an entity participating in the state's insurance benefits programs**

# **Who Is Eligible for Benefits?**

- **Spouse**
  - **Wedded spouse or common law spouse (spouse cannot be an eligible state employee)**
  - **Ex-spouse by court order**
- **Children**
  - **Unmarried**
  - **Not employed with benefits**
  - **Resides with employee, or by court order**
  - **Under 19, or until age 25 if a full-time student**
  - **Approved incapacitation**

# **Enroll Yourself and Your Eligible Dependents**

- **Within 31 days of hire date**
- **Within 31 days of a special eligibility situation**
  - **Marriage**
  - **Birth, adoption or placement of a child**
  - **Involuntary loss of coverage**
- **During an open enrollment period**
  - **Will be enrolled as a late entrant**

# **Coordination of Benefits**

- **State-offered health and dental insurance plans coordinate benefits with other coverage**
- **For dependents covered by both parents, the coverage of the parent whose birthday occurs earliest in the year is primary**

# **Terminations**

- **Ineligible Spouse**
  - **Legal separation**
  - **Divorce, unless court ordered**
  - **Death**
- **Ineligible Dependent Children**
  - **Child marries**
  - **Child becomes employed with benefits**
  - **Child turns 19, unless a full time student or approved for incapacitation**
  - **Child turns 25, unless approved for incapacitation**

# **COBRA Continuation Coverage**

- **Employee may continue coverage for 18 months if he/she:**
  - **Leaves employment, is terminated or is “rified”**
  - **Has hours reduced**
- **May continue coverage for a total of 29 months if approved for Social Security disability within the first 18 months of COBRA continuation coverage**
- **Dependents who become ineligible may continue coverage for 36 months**

# **Survivors**

- **Health Insurance**
  - **Premium waived for one year\***
  - **Spouse eligible until remarriage**
  - **Children eligible as long as they are classified as eligible dependents**
- **Dental Insurance**
  - **No premium waiver**
  - **Spouse eligible until remarriage**
  - **Children eligible as long as they are classified as eligible dependents**



# **Survivors - Continued**

- **Following the one-year premium waiver, survivors of employees killed in the line of duty may continue health and dental insurance coverage at the employer funded rate**
- **May not apply to some local subdivisions**

# **Pre-existing Condition Period**

## **Applies to:**

- **State Health Plan**
- **Health Maintenance Organizations and Point of Service Plan**
- **Basic Long Term Disability**
- **Supplemental Long Term Disability**

## **Does not apply to:**

- **State Dental Plan**
- **Life Insurance benefits**
- **Health plan carrier change (if pre-existing previously satisfied)**
- **Long Term Care**

# **Creditable Coverage**

- **You may reduce your pre-existing period for health insurance by providing a certificate of creditable coverage from your previous insurance plan**
- **The pre-existing period will be reduced by the number of months you were insured**
  - **Prior coverage must be continuous**
  - **Any break in coverage did not exceed 62 days**

# **Benefits Enrollment Periods**

- **Annual Enrollment Period**
  - **Held every year in October**
  - **You may make health plan carrier changes**
- **Open Enrollment Period**
  - **Held each October in years ending in an odd number (2007, 2009, etc.)**
  - **May enroll as a late entrant, add or drop coverage and dependents**

# **Health Insurance Options**

- **State Health Plan**
  - **Standard or Savings plans**
- **HMOs**
  - **BlueChoice HMO**
  - **CIGNA HMO**
  - **MUSC Options**
- **TRICARE Supplement**

# HMO Service Areas

<b>1 Anderson, Greenville, Oconee, Pickens</b>	<b>SHP, BlueChoice HMO, CIGNA HMO</b>
<b>2 Cherokee, Spartanburg, Union</b>	<b>SHP, BlueChoice-HMO, CIGNA HMO</b>
<b>3 Chester, Lancaster, York</b>	<b>SHP, BlueChoice HMO, CIGNA HMO</b>
<b>4 Abbeville, Greenwood, Laurens, McCormick ,Saluda</b>	<b>SHP, BlueChoice HMO</b>
<b>5 Fairfield, Kershaw, Lexington, Newberry, Richland</b>	<b>SHP, BlueChoice HMO, CIGNA HMO</b>
<b>6 Aiken, Barnwell, Edgefield</b>	<b>SHP, BlueChoice HMO</b>
<b>7 Allendale, Bamberg, Calhoun, Orangeburg</b>	<b>SHP, BlueChoice HMO, CIGNA HMO</b>
<b>8 Clarendon, Lee, Sumter</b>	<b>SHP, BlueChoice HMO, CIGNA HMO</b>
<b>9 Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro, Williamsburg</b>	<b>SHP, BlueChoice HMO, CIGNA HMO</b>
<b>10 Georgetown, Horry</b>	<b>SHP, BlueChoice HMO, CIGNA HMO</b>
<b>11 Berkeley, Charleston, Colleton, Dorchester</b>	<b>SHP, BlueChoice HMO, CIGNA HMO, MUSC Options</b>
<b>12 Beaufort, Hampton, Jasper</b>	<b>SHP, BlueChoice HMO, CIGNA HMO</b>

# **Standard Plan and Health Savings Plan**

- **Network Providers**
- **Out-of-Network Benefits**
- **BlueCard Program**
- **Preventive Benefits**
- **Rx Network Providers**
- **Mental Health and Substance Abuse coverage**
- **Medi-Call/APS Precertification Requirements**

# **Network and BlueCard Advantage**

- **Freedom of choice**
- **Worldwide coverage**
- **Easy access to medically necessary care**
- **Providers file claims for you**
- **You pay deductible and coinsurance**
- **You will not be balance-billed**



# **Network and BlueCard Advantage**

- **State Health Plan ID card (Preferred Provider Organization logo bottom corner of ID)**
- **National Preferred Provider Organization coverage**
- **Worldwide coverage**
- **Call 1-800-810-BLUE**

# **Non-network Benefits**

- **Freedom of choice (maximum benefits received for network providers)**
- **Worldwide coverage**
- **Easy access to medically necessary care**
- **You may have to file claims**
- **You pay deductible and coinsurance**
- **You can be balance-billed**

# **State Health Plan Preventive Benefits**

- **Mammography Testing Program**
- **Pap Test Benefit**
- **Well Child Care Benefit**
- **Worksite Health Screening**

# **Mammography Testing Program**

- **100% coverage**
- **No physician referral needed**
- **Routine, four-view mammograms**
- **Performed at participating facilities**
- **Age requirements apply**
- **Deductible and coinsurance apply to diagnostic mammograms**

# **Pap Test Benefit**

- **No deductible or coinsurance**
- **Freedom of choice**
- **Benefits are provided for one Pap test each year for covered females ages 18 through 65**
- **Benefit applies to routine and diagnostic Pap tests**
- **Routine office visit is NOT covered**

# **Well Child Care Benefit**

- **100% benefit for routine office visits provided by network providers**
- **100% benefit for covered immunizations, up to age 12, according to recommended schedule**

# **Well Child Care Benefit**

- **Covered Immunizations**
  - **Diphtheria-Tetanus-Pertussis (DTP)**
  - **Polio**
  - **Hepatitis B**
  - **Haemophilus (Hib)**
  - **Measles-Mumps-Rubella (MMR)**
  - **Chickenpox**
  - **Pneumococcal vaccine (Prevnar)**

# **The State Health Plan Prevention Partners**

- **Worksite screening available to employees covered by the State Health Plan or HMO/POS**
- **You pay \$15 for the screening**
- **You may participate in one screening per year**



# **Worksite Screening includes:**

- **Chemistry profile  
(BUN, Glucose)**
- **Hemogram  
(Hemoglobin)**
- **Health risk appraisal**
- **Blood pressure check**
- **Height and weight  
measurement**
- **Lipid profile  
(cholesterol)**
- **Confidential personal  
report**
- **Confidential,  
personal consultation  
about results**

# State Health Plan

## Standard Plan

- **Annual Deductible**
  - **\$350 individual**
  - **\$700 family**
- **Coinsurance In-Network:**
  - **Plan Pays 80%**
  - **You Pay 20%**
- **Coinsurance Out-of-Network:**
  - **Plan Pays 60%**
  - **You Pay 40%**
- **Out-of-Pocket Maximum**
  - **\$2,000 individual**
  - **\$4,000 family**
- **Out-of-Pocket Maximum**
  - **\$4,000 individual**
  - **\$8,000 family**

# **State Health Plan Emergency Room**

- **\$125 per-occurrence deductible**
- **Waived if admitted to hospital**
- **Does not apply toward annual deductible or out-of-pocket maximum**

# **State Health Plan Hospital Outpatient**

- **\$75 deductible per occurrence**
- **Not applicable for dialysis, routine mammograms, routine pap smears, clinic visits (office visit at an outpatient facility), emergency room, oncology, electro-convulsive therapy, psychiatric medication management, physical therapy visits**
- **Does not apply toward annual deductible or out-of-pocket maximum**

# **State Health Plan Physician Office Visits**

- **\$10 deductible per visit**
- **Also Applies to mental health/substance abuse providers**
- **Does not apply toward annual deductible or out of pocket maximum**

# **Prescription Drug Program**

- **Must use participating network pharmacy**
- **All chain stores nationwide and many independent pharmacies in SC (show State Health Plan ID card)**
- **Co-payments (up to a 31-day supply)**
  - **\$10 generic medications**
  - **\$25 preferred brand medications**
  - **\$40 non-preferred brand medication**
- **Copayments apply toward annual \$2,500 per person out-of-pocket maximum (separate from medical \$2,000 out-of-pocket maximum)**
- **No annual deductible**

# **Mail-Order Prescription Drugs**

## **Co-payments (up to a 90-day supply)**

- Generics - \$25**
- Preferred brand names - \$62**
- Non-preferred brand names - \$100**

# **“Pay the Difference”**

- **If the generic drug is available and you or your doctor choose the brand name, you will be responsible for the difference in price between brand name and generic, plus the generic copayment**
- **“Pay the Difference” amount does not apply to \$2,500 out-of-pocket maximum**



# **Medi-Call**

- **State Health Plan's utilization review program for medical/surgical benefits**
- **Ensures you and covered family members receive appropriate medical care in the most beneficial, cost-effective manner**
- **Some services requiring a Medi-Call:**
  - **All inpatient admissions**
  - **All emergency admissions must be reported within 48 hours or next business day**
  - **Pregnancy: call during your first trimester**
  - **All outpatient surgery in a hospital or ambulatory surgical center**
  - **Hospice services**
  - **Home health care services**
  - **Skilled nursing services**
  - **In-vitro fertilization procedures**
- **Consult the Insurance Benefits Guide for a complete listing**

# **Medi-Call**

- **Medi-Call :**
  - **1-803-699-3337 in Columbia**
  - **1-800-925-9724 in SC, nationwide, Canada**
- **\$200 penalty if you do not call Medi-Call**
- **Coinsurance maximum will not apply to charges for services not pre-certified by Medi-Call**

# **Mental Health/ Substance Abuse**

- **State Health Plan coverage for medically necessary treatment of mental health and substance abuse conditions**
- **Same coinsurance, deductible and out-of-pocket amounts as for a physical condition**
- **Must use participating provider or no benefits will be paid (can nominate provider for network)**

# **Mental Health/Substance Abuse Inpatient/Outpatient Care**

- **Pre-certification required  
before receiving care**
  - **Call APS: 1-800-221-8699**
- **Outpatient treatment beyond  
10 visits must be reviewed for  
medical necessity**

# **Tobacco Cessation Benefit**

- **Administered by APS**
- **Free service for State Health Plan Standard Plan and Savings Plan employees and covered dependents effective January 1, 2006**
- **For assistance, contact Free & Clear at:  
1-866-QUIT-4-LIFE  
Or 1-866-784-8454**

# **State Health Plan Savings Plan**

**Designed for subscribers who:**

- **Are willing to take greater responsibility for their healthcare**
- **Want lower premiums**
- **Appreciate the opportunity to save for major medical expenses through a Health Savings Account**

# State Health Plan

## Savings Plan

- **Annual Deductible**
  - **\$3,000 individual**
  - **\$6,000 family**  
(no embedded deductible)
- **Coinsurance In-Network:**
  - **Plan Pays 80%**
  - **You Pay 20%**
- **Out-of-Pocket Maximum**
  - **\$2,000 individual**
  - **\$4,000 family**
- **Coinsurance Out-of-Network:**
  - **Plan Pays 60%**
  - **You Pay 40%**
- **Out-of-Pocket Maximum**
  - **\$4,000 individual**
  - **\$8,000 family**

# **Health Savings Plan**

## **Benefits**

- **No per-occurrence deductibles**
- **Reimbursement for annual flu shot**
- **Annual physical to include specific services**
- **Eligible to contribute to Health Savings Account (HSA)**



# **Health Savings Plan**

## **Restrictions**

- **Chiropractic payments limited to \$500 per person (after deductible)**
- **No gastric bypass surgery**
- **Prescription exclusions:**
  - **Non-sedating antihistamines**
  - **Drugs for erectile dysfunction**

# **Facts about Health Savings Accounts**

- **Tax-sheltered investment accounts used to pay qualified medical expenses**
- **Portable**
- **Allow you to carry money forward from year to year**
- **Tax-free Distributions if used for qualified medical expenses**

# **Facts about Health Savings Accounts**

- **Contributions can be made only when participating in a high-deductible Health Plan (i.e., SHP Savings Plan)**
- **Cannot be covered by another health plan**
- **Cannot be enrolled in Medicare**

# **Facts about Health Savings Accounts**

- **If payroll deducted, contributions are tax-free**
- **If direct deposited, contributions can be deducted on federal income tax return**
- **Annual contributions are limited to \$2,700 for 2006 for individuals; \$5,450 maximum contribution for family**
- **Catch-up provisions for individuals age 55 and older are \$700 for 2006, increasing by an additional \$100 each year until a total of \$1,000 in 2009**

# **Facts about Health Savings Accounts**

- **Can be used to pay for other health insurance such as:**
  - **COBRA continuation coverage**
  - **Health coverage while receiving unemployment compensation**
  - **Medicare premiums and out-of-pocket expenses**
  - **Qualified long-term care insurance premiums**

# **Facts about Health Savings Accounts**

- **Spouse and dependent do not have to be covered by the SHP Savings Plan or other high deductible plan**
- **If used for non-qualified medical expenses, amount is included in income and penalty applies, unless:**
  - **Subscriber dies or becomes disabled**
  - **Subscriber becomes enrolled in Medicare**  
**(visit IRS at [www.irs.gov](http://www.irs.gov))**

# **Facts about Health Savings Accounts**

- **They are controlled by you**
- **It is your responsibility to determine if withdrawal is a qualified medical expense**
- **All claims must be substantiated upon an IRS audit**
- **Keep your receipts**

# **BCBS of South Carolina**

## **[www.southcarolinablues.com](http://www.southcarolinablues.com)**

**My Insurance Manager allows you to:**

- **Review claim status**
- **View and print a copy of your Explanation of Benefits**
- **See how much you have paid toward deductible, out-of-pocket limit**
- **Ask customer service a question via secure e-mail**
- **Review up-to-date Provider Directory**
- **Request a new ID card**



# **Health Maintenance Organizations (HMOs)**

- **Must choose a primary care physician (PCP)**
- **Referral is required for most specialty care**
- **Must live or work in the HMO service area**
- **Feature participating physicians, specialists, pharmacies and hospitals by service area**
- **Provide emergency service out of service area**
- **No out-of-network benefits**

# **BlueChoice HMO**

**Available in all South Carolina counties**

- **Annual Deductible     \$250 individual  
                                     \$500 family**
- **90% after**
  - **\$200 inpatient hospital co-pay**
  - **\$75 outpatient hospital co-pay**
  - **\$100 emergency co-pay**
- **Coinsurance Maximum**  
(excludes deductibles and copays)
  - **\$1,500 individual**
  - **\$3,000 family**

# **BlueChoice HMO**

- **\$15 PCP and OB-GYN co-pay**
- **\$30 specialist co-pay**
- **\$35 urgent care co-pay**

# **BlueChoice HMO**

## **Retail Pharmacy (up to 31-day supply)**

- **\$8 generic**
- **\$30 preferred brand**
- **\$50 non-preferred brand**
- **\$75 specialty pharmaceuticals**

## **Home Delivery/Mail order (up to 90-day supply)**

- **\$16 generic**
- **\$60 preferred brand**
- **\$100 non-preferred brand**

# **CIGNA HMO**

**All South Carolina counties except: Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick, and Saluda**

- **No deductible**
- **80% after:**
  - **\$500 inpatient hospital copay**
  - **\$250 outpatient hospital copay**
  - **\$100 emergency room copay**
- **\$3,000/\$6,000 coinsurance maximum**
  - **Includes inpatient/outpatient copays & coinsurance**
- **\$20 primary care physician copay**
- **\$40 specialist, OB-GYN copay**

# **CIGNA HMO**

## **Retail Pharmacy (up to 30-day supply)**

- **\$7 generic**
- **\$25 preferred brand**
- **\$50 non-preferred brand**

## **Home Delivery/Mail Order (up to 90-day supply)**

- **\$14 generic**
- **\$50 preferred brand**
- **\$100 non-preferred brand**

# **HMO with Point of Service (POS) Option**

- **Must choose a primary care physician (PCP)**
- **Referral required for higher level of benefits; self-referrals are also allowed**
- **Must live or work in the POS service area**
- **Out-of-network benefits are available at a lower benefits level**
- **Read POS materials carefully before making a health plan selection**

# MUSC Options

These South Carolina counties only: Berkeley, Charleston,  
Colleton, Dorchester

## In-network

- No deductible
- \$300 inpatient hospital co-pay
- \$100 emergency and outpatient hospital co-pay
- \$15-PCP and OB-GYN co-pay
- \$25 specialist co-pay
- \$45 specialist copay w/o referral, \$35 urgent care
- RX: \$10-generic, \$25 preferred brand, \$40 no-preferred brand
- Mail order available for a 90 day supply

## Out-of-network

- Deductibles
  - \$300 single
  - \$900 family
- 60% of allowance
- Co-pay
  - \$100 emergency care
- Coinsurance
  - \$3,000 single
  - \$9,000 family(excludes deductibles)
- No preventive care benefits
- No prescription benefits



# **TRICARE Supplement**

**(administered by ASI)**

- **Available to:**
  - **TRICARE eligible employees (and their eligible dependents) who are not Medicare eligible (coverage ends upon Medicare entitlement)**
- **Provides TRICARE eligible subscribers additional coverage that pays 100% of out-of-pocket costs**
- **TRICARE Supplement is provided free to subscriber**
- **Must refuse State Health Plan or HMO coverage to enroll**
  - **Employee remains eligible for the Basic Life Insurance and Basic LTD until Medicare entitlement**

# **TRICARE Supplement**

**(administered by ASI)**

- **May change to or from TRICARE Supplement during annual enrollment or within 31 days of special eligibility situation**
- **Employees who change from SHP or an HMO to TRICARE Supplement must notify TRICARE**
- **The DEERS eligibility record for each family member must be current**
- **Upon enrollment, subscribers will receive a packet from ASI with their certificate of insurance, ID card, claim forms, filing instructions**
- **TRICARE student eligibility begins at 21 and ends at 23**

# **Additional Documentation**

- **Incapacitated child**
- **Child with different last name**
- **Student certification, age 19 to 25**
- **Child resides outside home  
(under court order to cover)**
- **Common-law spouse**
- **Ex-spouse by court order**

# County Code Numbers

<b>01</b>	<b>Abbeville</b>	<b>17</b>	<b>Dillon</b>	<b>33</b>	<b>McCormick</b>
<b>02</b>	<b>Aiken</b>	<b>18</b>	<b>Dorchester</b>	<b>34</b>	<b>Marion</b>
<b>03</b>	<b>Allendale</b>	<b>19</b>	<b>Edgefield</b>	<b>35</b>	<b>Marlboro</b>
<b>04</b>	<b>Anderson</b>	<b>20</b>	<b>Fairfield</b>	<b>36</b>	<b>Newberry</b>
<b>05</b>	<b>Bamberg</b>	<b>21</b>	<b>Florence</b>	<b>37</b>	<b>Oconee</b>
<b>06</b>	<b>Barnwell</b>	<b>22</b>	<b>Georgetown</b>	<b>38</b>	<b>Orangeburg</b>
<b>07</b>	<b>Beaufort</b>	<b>23</b>	<b>Greenville</b>	<b>39</b>	<b>Pickens</b>
<b>08</b>	<b>Berkeley</b>	<b>24</b>	<b>Greenwood</b>	<b>40</b>	<b>Richland</b>
<b>09</b>	<b>Calhoun</b>	<b>25</b>	<b>Hampton</b>	<b>41</b>	<b>Saluda</b>
<b>10</b>	<b>Charleston</b>	<b>26</b>	<b>Horry</b>	<b>42</b>	<b>Spartanburg</b>
<b>11</b>	<b>Cherokee</b>	<b>27</b>	<b>Jasper</b>	<b>43</b>	<b>Sumter</b>
<b>12</b>	<b>Chester</b>	<b>28</b>	<b>Kershaw</b>	<b>44</b>	<b>Union</b>
<b>13</b>	<b>Chesterfield</b>	<b>29</b>	<b>Lancaster</b>	<b>45</b>	<b>Williamsburg</b>
<b>14</b>	<b>Clarendon</b>	<b>30</b>	<b>Laurens</b>	<b>46</b>	<b>York</b>
<b>15</b>	<b>Colleton</b>	<b>31</b>	<b>Lee</b>	<b>99</b>	<b>Out-of-state</b>
<b>16</b>	<b>Darlington</b>	<b>32</b>	<b>Lexington</b>		

# 2006 Active Employee Monthly Health Premiums

	SHP Savings Plan	SHP Standard Plan	BlueChoice HMO
Employee only	\$ 9.28	\$ 93.46	\$125.30
Employee/spouse	\$ 72.56	\$237.50	\$365.72
Employee/children	\$ 20.28	\$142.46	\$268.46
Full family	\$108.56	\$294.58	\$540.18
	CIGNA HMO	MUSC Options	
Employee only	\$127.00	\$119.24	Optional Employer Premiums may vary
Employee/spouse	\$365.18	\$335.38	
Employee/children	\$267.12	\$223.56	
Full family	\$536.98	\$431.82	

# **State Dental Plan**

- **Self-insured plan**
- **BlueCross BlueShield of SC administers claims**
- **Choose dentist**
- **No pre-existing**
- **Open enrollment every two years**
- **\$1,000 annual maximum benefit**

# **State Dental Plan**

## **Classes of Coverage**

- **Class 1**
  - Preventive services
  - 100% of fee schedule
- **Class 2**
  - Basic services
  - 80% of fee schedule
- **Class 3**
  - Prosthetics
  - 50% of fee schedule
- **Class 4**
  - Orthodontia (limited to children under 19 and \$1,000 lifetime maximum)
- **\$25 deductible for Classes 2 and 3**

# **Dental Plan Monthly Premiums**

- **Employee only** **\$ 0.00**
- **Employee/spouse** **\$ 7.64**
- **Employee/children** **\$13.72**
- **Full family** **\$21.34**



# **Dental Plus**

- **Must be enrolled in State Dental Plan (SDP)**
- **Must have same level of coverage as in SDP**
- **May enroll in or cancel coverage only during open enrollment (every two years) or within 31 days of special eligibility situation**
- **Higher allowance for same services covered under SDP, except orthodontia**
- **Allowances are same (or more) than what most SC dentists charge**

# **Dental Plus**

- **Combined annual maximum benefit for State Dental Plan and Dental Plus for services in class 1, 2 and 3 \$1,500 per covered person**
- **No additional deductibles, coinsurance, claims to file**
- **Subscribers/providers file claims to BCBS of SC**
- **BCBS will process claim first under State Dental Plan, then under Dental Plus, if employee enrolled**
- **Personalized ID cards for Dental Plus subscribers only**

# **Dental Plus**

- **Employees pay entire premium**
- **Premiums can be paid with pre-tax money under MoneyPlu\$**
- **See participating dentists on BCBS of SC Web site  
([www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com))**

# **Dental Plus Monthly Premiums**

- |                            |                 |
|----------------------------|-----------------|
| • <b>Employee only</b>     | <b>\$ 18.52</b> |
| • <b>Employee/spouse</b>   | <b>\$ 35.06</b> |
| • <b>Employee/children</b> | <b>\$ 38.26</b> |
| • <b>Full family</b>       | <b>\$ 54.80</b> |

**These premiums are in addition to  
State Dental Plan premiums**

# **Basic Life**

- **\$3,000 term life insurance**
- **For employees enrolled in any health plan**
- **Premium paid by employer**
- **Double accidental death benefit**
- **Dismemberment benefits**
- **Insured by The Hartford**

# **Basic Life Beneficiary**

- **Designate by real name**
- **May use Estate or Trust**
- **Designate percentage amounts for multiple beneficiaries**
- **Change throughout year by completing NOE**

# **Optional Life**

- **Maximum coverage level of \$500,000**
- **Premium based on:**
  - **Level of coverage**
  - **Age as of each January 1**
- **Insured by The Hartford**
- **First \$50,000 of coverage pre-tax**
- **All premiums deducted pre-tax**
- **W-2 will reflect amount added back to earnings**

# **Optional Life**

- **No medical evidence if enrolled within 31 days of employment (three times salary or \$500,000, whichever is less)**
- **Accidental death benefit (double)**
- **Seat belt rider with 25% additional benefit**
- **Education benefit, daycare benefit, felonious assault benefit**
- **Dismemberment benefits**
- **Living benefits up to 80% of coverage amount**
- **Premium waiver for one year with disability**
- **Travel Assistance Program**
- **Employee must be actively at work for one full day for benefit to become effective**
- **Conversion**
- **Portability**



# **Optional Life Beneficiary**

- **Designate by real name**
- **May use estate or trust**
- **Designate percentage amounts for multiple beneficiaries**
- **Change throughout year by completing NOE**

# **Dependent Life Spouse Coverage**

- **Spouse can be covered for up to 50% of employee's Optional Life coverage to a \$100,000 maximum (medical evidence required for amounts above \$20,000)**
  - **premiums based on employee's age and amount of coverage**
- **Employee is beneficiary**
- **Accidental death and dismemberment benefits**

# **Dependent Life Spouse Coverage**

- **Suicide exclusion applies**
- **Insured by The Hartford**
- **A spouse who is a full-time, active state employee does not qualify**

# **Dependent Life Child Coverage**

- **\$10,000 for children**
  - **Premiums: \$1.24 per month regardless of how many children are covered**
  - **Can enroll eligible dependents throughout the year without medical evidence of insurability**
- **Covers only listed dependents**
- **Employee is beneficiary**
- **No double indemnity benefits**
- **Insured by The Hartford**

# MoneyPlus

- **Get more out of your paycheck**
- **Pre-tax payment of Health, Dental, Dental Plus and Optional Life premiums**
  - **\$.12 per month administrative fee**
- **Dependent Care Account**
  - **\$5,000**
  - **\$2.50 per month administrative fee**
- **Medical Spending Account**
  - **\$5,000**
  - **\$2.50 per month administrative fee**

# **MoneyPlus**

- **Dependent Care Account**
  - **\$5,000 maximum per year**
  - **\$2.50 per month administrative fee**
  - **Available for dependent-care expenses for child under age 13 or older dependent unable to be left alone while the employee (and spouse, if married) works**
  - **Care may be in a day-care center, in someone else's home, employee's home**
  - **Cannot use with federal and state tax credits**
  - **Expense must be incurred within calendar year**
  - **Unused funds do not carry over to next calendar year**

# **MoneyPlu\$**

- **Medical Spending Account**
  - **\$5,000 maximum amount**
  - **\$2.50 per month administrative fee**
  - **EZ REIMBURSE® MasterCard® available**
  - **Must be employed by a participating employer continuously for one year to participate**

# **MoneyPlus**

- **Eligible expenses include vision care, annual physical exams, out-of-pocket dental fees (including orthodontia, if medically necessary, but not if cosmetic), certain approved OTC medicines, prescription copayments**
- **Expense must be incurred within calendar year**
- **Unused funds do not carry over to next calendar year**



# MoneyPlus

- **Medical Spending Account – EZ REIMBURSE® MasterCard®**
  - **Providers must have EZ REIMBURSE® MasterCard® terminal**
  - **Eligible medical expenses such as copays and deductibles subtracted at point of sale**
  - **FBMC mails EZ REIMBURSE® MasterCard® to home**
  - **\$20.00 annual fee deducted from Medical Spending Account**
  - **Over-the-Counter and mail order Rx NOT deducted from EZ REIMBURSE® MasterCard®**

# **MoneyPlu\$**

- **Claims can be faxed**
- **Direct deposit**
- **Internet or Integrated Voice Response available 24-hours-a-day, seven days a week**
- **“Use It-or-Lose It”**

# **MoneyPlus**

## **New Grace Period**

- **Can incur expenses through March 15, 2006, provided your account is active December 31, 2005**
- **Applies to medical spending account and limited medical spending account**
- **Deadline for filing all claims is March 31, 2006**

# MoneyPlus

- **Health Saving Account**
  - **Payroll deducted, tax-free**
  - **Interest is earned**
  - **VISA check card available from NBSC – unlimited use**
  - **\$20/year or \$2 /month**
  - **Checks provided - \$.50 fee per check written**
  - **Carries forward from year to year**
  - **Does NOT advance money**
  - **“Limited use” – Medical Spending Account**
    - **Not eligible for the EZ REIMBURSE® MasterCard ®**

# **Basic Long Term Disability (BLTD)**

- **Available to employees enrolled in any health plan**
- **Premium paid by employer**
- **BLTD income is taxable**
- **62.5% benefit to maximum of \$800 per month**
- **90-day benefit waiting period**
- **2-year own occupational disability, then any occupational definition reviewed for permanent disability**

# **Basic Long Term Disability**

- **Exclusions and Limitations**
  - **Pre-existing condition**
  - **Own occupation/any occupation disability**
  - **24-month maximum mental health disability**
- **Benefit amount is reduced by:**
  - **Workers' compensation, Social Security, sick leave pay, SCRS retirement income**
- **Administered by Standard Insurance Co.**

# **Supplemental LTD**

- **Premium based on monthly salary, plan chosen, age**
- **Employee pays total premium**
- **SLTD income is not taxable**
- **65% of monthly salary to \$8,000 maximum**
- **Minimum benefit of \$100**
- **Choice of two plans: 90-day or 180-day waiting period before benefits begin**
- **Insured by Standard Insurance Co.**

# **Supplemental LTD**

- **Exclusions and Limitations**
  - **Pre-existing condition**
  - **Own occupation/any occupation disability**
  - **24-month maximum mental health disability**
- **Benefit amount is reduced by:**
  - **Workers' compensation, Social Security, sick leave pay, BLTD benefit, SCRS income**
- **Conversion available**



# Maximum Benefit Period

## Age at Disability

## Maximum Period

- |                     |                                       |
|---------------------|---------------------------------------|
| • Age 61 or younger | To age 65 or 3 years, 6 months longer |
| • Age 62            | 3 years, 6 months                     |
| • Age 63            | 3 years                               |
| • Age 64            | 2 years, 6 months                     |
| • Age 65            | 2 years                               |
| • Age 66            | 1 year, 9 months                      |
| • Age 67            | 1 year, 6 months                      |
| • Age 68            | 1 year, 3 months                      |
| • Age 69 and older  | 1 year                                |

# **Supplemental LTD**

## **(The Standard)**

### **Lifetime Security Benefit**

- **This valuable coverage feature extends SLTD benefits indefinitely for disabled employees who:**
  - **Suffer severe impairments – who are unable to perform two or more activities of daily living – bathing, dressing, continence, toileting, transferring and eating**

# **Supplemental LTD Monthly Premium Rate**

**Employee's Age as of preceding December 31**

	<b>Plan One</b>	<b>Plan Two</b>
• <b>Younger than 31</b>	<b>.00065</b>	<b>.00050</b>
• <b>31-40</b>	<b>.00089</b>	<b>.00069</b>
• <b>41-50</b>	<b>.00179</b>	<b>.00137</b>
• <b>51-60</b>	<b>.00360</b>	<b>.00277</b>
• <b>61-65</b>	<b>.00433</b>	<b>.00333</b>
• <b>66 and older</b>	<b>.00528</b>	<b>.00406</b>

**Factor times salary equals premium**

# **Long Term Care**

- **Available to employee, spouse, parents and parents-in-law**
  - **Medical evidence of insurability required for spouse, parents and parents-in-law**
- **Benefits for in-home care, nursing home or adult day-care facility care when unable to perform 2 of 6 activities of daily living (ADLs) for service reimbursement models, 3 of 6 ADLs for disability model. Example: bathing, eating and dressing**
- **Benefits for custodial care for chronic, long-lasting diseases or disability, including Alzheimer's Disease**

# **Long Term Care**

- **Premiums based on age at time of purchase and selected daily benefit amount**
- **May continue coverage when you retire or leave employment**
- **Insured by Aetna**

# **Long Term Care**

- **Disability plan**
  - **Cash benefit, regardless of expenses incurred**
  - **\$50 - \$250 Daily Benefit Amount (DBA) options**
  - **Ability to purchase (“buy-up”) additional coverage while receiving benefits**
  - **Restoration of benefits**

# **Long Term Care**

- **Service Reimbursement Plans**
  - **Reimbursement of expenses for a defined set of covered services**
  - **\$50 - \$350 Daily Benefit Option (DBA)**
  - **Ability to purchase (“buy-up”) additional coverage while receiving benefits**
  - **Restoration of benefits**

# Long Term Care

<b>Plan model</b>	<b>Disability model</b>	<b>Service models</b>
<b>Benefit trigger</b> <i>Bathing, dressing, eating, toileting, transferring, continence, and/or severe cognitive impairment</i>	<b>3 out of 6</b>	<b>2 out of 6</b>
<b>Expenses Covered</b>	<b>Nursing home – 100%</b> <b>Assisted living - 50%</b> <b>Home health care – 50%</b>	<b>Nursing home – 100%</b> <b>Assisted living - 100%</b> <b>Home health care – 50% or 100%</b>
<b>Spousal Premium Discount</b>	<b>N/A</b>	<b>10% for both the employee/retiree and spouse</b>



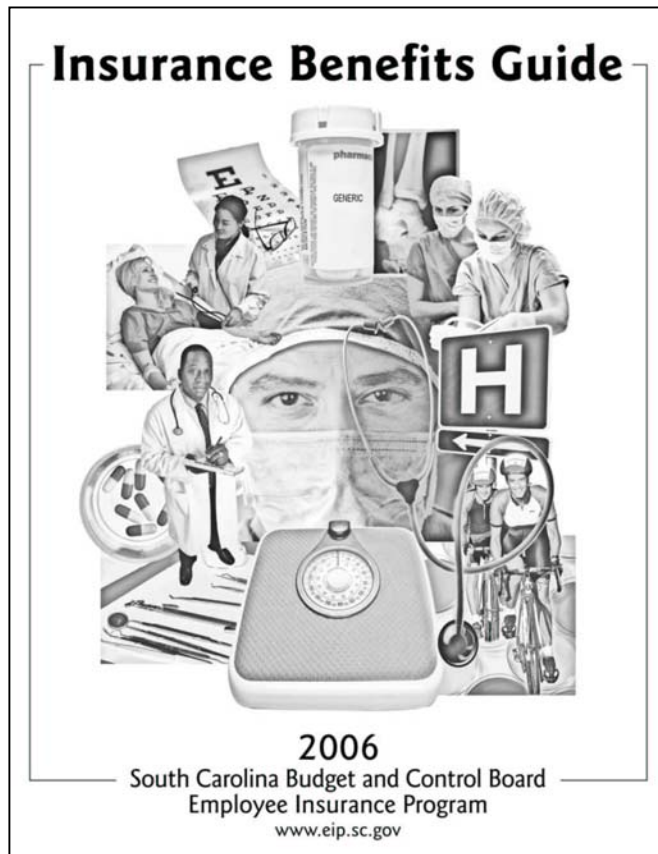
# **Vision Care Program**

- **Discount program**
- **\$60 for routine eye exam**
- **20% discount on eye wear  
(except disposable contact  
lenses)**
- **Does not cover additional charges  
for contact lens exam, contact  
lenses**

# **Vision Care Program**

- **Discounts available at participating ophthalmologists, optometrists, opticians**
- **Available to employees, retirees, survivors, and COBRA subscribers, and their eligible dependents**
- **You do not have to be enrolled in a health plan**

# Insurance Benefits Guide



**The information in this overview is not meant to serve as a comprehensive description of the benefits offered by the Employee Insurance Program.**

**Please consult your *Insurance Benefits Guide* and literature from the various HMOs offered in your service area for additional information.**

- **You are responsible for your benefits**
- **Nothing is automatic**
- **Make changes within 31 days of event**

**To contact EIP:  
803-734-0678 or  
888-260-9430  
[www.eip.sc.gov](http://www.eip.sc.gov)**